vent or modify IH following oral exposure and, in one study, serum containing a mixture of globulin and the IH agent produced no disease when given parenterally. The neutralization of the virus before injection may have been critical to this result. For IH post-exposure prophylaxis, an adult should receive 2 ml and a child 1 ml. Current evidence suggests that globulin provides poor, if any, protection against parenteral exposure to the SH (Australia antigen-positive) agent. Antibody to the Australia antigen has not been detected in the commercial globulin.

Screening blood donors by Au antigen testing will probably reduce transfusion hepatitis about 30 percent. Rigid donor selection would be more effective than Au antigen testing.

A. G. REDEKER, M.D.

REFERENCES

Grady GF, Chalmers TC, Kern F, et al: Prevention of post-transfusion hepatitis by gamma globulin. JAMA 214:140-142, Oct 5, 1970

Krugman S, Giles JP: Viral hepatitis: New light on an old disease. JAMA 212:1019-1029, May 11, 1970

Platelet Typing

Platelet typing has developed rapidly during the past two years with the introduction and international standardization of microcomplement fixation methods. Almost all the histocompatibility antigens known on lymphocytes have been identified on platelets. Of the four additional platelet specific antigen systems identified only the Pl^A and Pl^E have been implicated in transfusion and neonatal thrombocytopenias. The sera from a large proportion of persons receiving more than ten transfusions, and of sera of women in late pregnancy have antibodies, often multispecific, against histocompatibility antigens on platelets and lymphocytes. Antibodies for platelet antigen systems other than HL-A are less common. Production of thrombocytopenia and rapid destruction of transfused platelets by these isoantibodies have been clearly demonstrated; while transfused "matched" platelets have a considerably longer survival in the recipient. Present practical considerations limit the clinical application of platelet typing. Entirely compatible donors, except for family members, are relatively rare; however, complete compatibility may not be necessary. The present ability to store viable platelets for a few days makes routine use of "matched" platelets more feasible than heretofore. Current development of more sensitive and practical methods will considerably expand the diagnostic and therapeutic capabilities in thrombocytopenic disorders of immune origin.

GEORGE S. SMITH, M.D.

REFERENCES

Shulman NR, Marder VJ, Hiller MC, et al: Platelet and leukocyte isoantigens and their antibodies: Serologic, physiologic, and clinical studies. Progr Hemat 4:222-304, 1964

Colombani J, D'Amaro J, Gabb B, et al: International agreement on a micro complement fixation test. Transplantation Proceedings (in press)

Prenatal Diagnosis of Genetic Disease

Cells obtained from amniotic fluid and cultured by tissue-culture methods can be used for diagnosing some genetic diseases in utero. The sex of the fetus and the chromosome constitution can be readily ascertained by this method. It is also possible to diagnose certain inborn errors of metabolism by testing the cultured cells for enzyme deficiencies or accumulated abnormal substances.

Amniotic fluid can be obtained by transabdominal amniocentesis; it is generally recommended that 14 to 16 weeks gestation is the optimum time.

CARLYN COLLINS TUCKER, M.D.

REFERENCES

Milunsky A, Littlefield JW, Kanfer JN, et al: Prenatal genetic diagnosis. New Eng J Med 283:1370-1381, 1441-1447, 1498-1504, 1970

Herpes Virus

Renewed interest in herpes viruses as human pathogens stems from their possible roles in cancer and in infectious mononucleosis.

Herpes simplex virus occurs in at least two serological types, I and II. The former produces the common "cold sore." The latter produces cervical, vulvar and sometimes penile acute lesions.